

1748

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No.

485

Registrar's No.

1. Place of Death: (a) County Pinal (b) City or Town Rural (c) Location Own Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none ; In Community 100 yrs ; In Arizona 100 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona ; (b) County Pinal ; (c) City or Town rural  
(If outside city limits also write RURAL)  
(d) Street No. Gila River Indian Reservation ; (e) Citizen of foreign country (Yes or No) No  
3. (a) FULL NAME Jose Cave (b) If Veteran name war (c) Social Security No. -----

4. Sex Male 5. Race White ☐ Indian ☒ Negro ☐ 6. (a) Single, married, widowed or divorced widowed

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife, if alive ----- yrs.

7. Birthdate of deceased 1845  
(Month) (Day) (Year)

8. AGE: Years 100 Months - Days - If less than one day - hrs. - min. -

9. Birthplace Gila River Reservation, Ariz.  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business None

Father { 12. Name Unknown  
13. Birthplace -----  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Unknown  
15. Birthplace -----  
(City, town or county) (State or Country)

16. (a) Informant's own signature Laveen Arizon  
(b) Address Laveen, Arizona

17. (a) Burial, Cremation or Removal Burial  
(b) Place Santa Cruz (c) Date 4/10/45

18. (a) Embalmer's Signature none  
(b) Funeral Director Own family  
(c) Address Laveen, Arizona

19. (a) April 18, 1945  
(Date received Local Registrar)

(b) Marian J. Lundberg  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 4/8/1945, 19\_\_\_\_, TIME (Hour and minute) 7 p.m. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Unknown

No medical or nursing attention requested by family

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within three months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury \_\_\_\_\_

23. Signature Marian J. Lundberg M. D.

Address Sacaton, Arizona Date signed 4/18/45